

Fee Only

PATENT

Atty. Dkl. No. ATT-027PUS (ATT/2000-0575)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re Application of:
Boroditsky et al.**

Serial No.: 09/940,034

Confirmation No.: 4894

Filed: August 27, 2001

**For: HIGH-CAPACITY
PACKET-SWITCHED
RING NETWORK**

www.pearsoned.com

Group Art Unit: 2633

Examiner: David Payne

**RECEIVED
CENTRAL FAX CENTER**

SEP 3 0 2004

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF TRANSMISSION
37 CFR 1.8

I hereby certify that this correspondence is being transmitted by facsimile to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on September 30, 2004.
Facsimile No. (703) 672-9308.

Date 9/30/04 Signature R. A. H. E.

Dear Sir:

RESPONSE TO OFFICE ACTION DATED JUNE 30, 2004

In response to the Office Action dated June 30, 2004 (Paper No./Mail Date 4), having a shortened statutory period for response set to expire on September 30, 2004, please enter this response and reconsider the claims pending in the application for reasons discussed below.

11/29/2004 CPARIS 00000002 200782 09940034

01 FC:1201 86.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09/940034

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

9/30/04

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <u>4</u>	Minus ** <u>20</u>	=
Independent	* <u>4</u>	Minus *** <u>3</u>	= <u>1</u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X <u>43</u> =	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	
X <u>86</u> =	
+280=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X <u>43</u> =	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X <u>86</u> =	<u>\$86</u>
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X <u>43</u> =	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X <u>86</u> =	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X <u>43</u> =	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X <u>86</u> =	
+280=	
TOTAL ADDIT. FEE	